

04/25/00



jc796 U.S. PTO

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	0203H
	First Inventor or Application Identifier	Bucala
	Title	INHIBITION OF MIGRATION INHIBITORY FAC
	Express Mail Label No.	EJ663346132US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 128] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Computer Readable Copyb. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy)c. <input checked="" type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 22]	ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee) <input type="checkbox"/> 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input checked="" type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input checked="" type="checkbox"/> * Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:	
4. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).		
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).		
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 08 / 411,586 Prior application information: Examiner P. Nolan Group / Art Unit: 1644 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon for information inadvertently omitted from the submitted application parts.		

17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 22504 (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below					
PATENT TRADEMARK OFFICE					
Name	Davis Wright Tremaine LLP				
Address	2600 Century Square				
	1501 Fourth Avenue				
City	Seattle	State	WA	Zip Code	98101-1688
Country	US	Telephone	206-628-7711	Fax	206-628-7699

Name (Print/Type)	Jeffrey B. Oster	Registration No. (Attorney/Agent)	32,585
Signature		Date	25 April 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Title: INHIBITION OF MIGRATION INHIBITORY FACTOR IN THE TREATMENT OF
DISEASES INVOLVING CYTOKINE-MEDIATED TOXICITY

Attorney Docket No. 0203H

Applicants: Richard J. Bucala et al.

Application Serial No. to be assigned

Date of Deposit: 25 April 2000

EXPRESS MAIL LABEL NUMBER: EJ663346132US

I hereby certify that this paper is being deposited with the United States Postal Service
"Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date listed below,
and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231

Signed Kay Bulen Date April 25, 2000
Kay Bulen



FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)**345**

Complete if Known

Application Number	to be assigned
Filing Date	24 April 2000
First Named Inventor	Bucala
Examiner Name	
Group / Art Unit	
Attorney Docket No.	0203H

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: **04-0258**

Deposit Account Name: **Davis Wright Tremaine LLP**

☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☒ **Payment Enclosed:**

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description	Fee Paid	
101	690	201	345	Utility filing fee	345
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)**345**

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
7	-20** = 0	0	0
3	-3** = 0	0	0
Multiple Dependent			

**or number previously paid, if greater; For Reissues, see below

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description
103	18	203	9
102	78	202	39
104	260	204	130
109	78	209	39
110	18	210	9

SUBTOTAL (2) (\$)**0**

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid	
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)					
Other fee (specify)					

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**0**

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Jeffrey B. Oster	Registration No. (Attorney/Agent)	32,585
Signature		Telephone	206-628-7711
		Date	25 April 2000

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: ☒ Application of: Richard J. Bucala, Robert A. Mitchell, Jurgen Bernhagen,
Thierry Calandra, Anthony Cerami

☐ Patent of:

☒ Serial No.: 08/462,350

Group Art Unit: To Be Assigned

☐ Patent No.:

☒ Filed: June 5, 1995

Examiner: To Be Assigned

☐ Issued:

For: INHIBITION OF MIGRATION
INHIBITORY FACTOR IN THE
TREATMENT OF DISEASES
INVOLVING CYTOKINE-
MEDIATED CYTOTOXICITY

Attorney Docket No.: 7815-011

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
[37 CFR 1.9(f) and 1.27(d)] - Nonprofit Organization

Honorable Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of organization Picower Institute for Medical Research

Address of organization 350 Community Drive

Manhasset, New York 11030

Type of organization

☐ University or other institution of higher education

☒ Tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3))

☐ Nonprofit scientific or educational under statute of state of the United States of America

(Name of state _____)

(Citation of statute _____)

☐ Would qualify as tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3)) if located in the United States of America.

☐ Would qualify as nonprofit scientific or educational under statute of state of the United States of America if located in the United States of America

(Name of state _____)

(Citation of statute _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled INHIBITION OF MIGRATION INHIBITORY FACTOR IN THE TREATMENT OF DISEASES INVOLVING CYTOKINE-MEDIATED CYTOTOXICITY by inventors Bucala et al. described in

- ☐ the specification filed herewith
☒ application serial no. 08/462,350 filed June 5, 1995
☐ patent no. _____ issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization identified above and/or there is an obligation under contract or law by the inventor(s) to convey rights to the nonprofit organization identified above with regard to the invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

FULL NAME Cytokine Network, Inc.
ADDRESS 25 Virginia Lane
Thornwood, New York 10594

☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

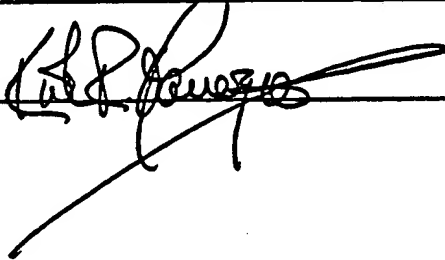
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28 (b)]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, and patent issuing thereon, or any patent to which this verified statement is directed.

Send correspondence to: **PENNIE & EDMONDS** Direct Telephone calls to:
1155 Avenue of the Americas **PENNIE & EDMONDS**
New York, N.Y. 10036-2711 (212) 790-9090

Name of person signing Kirk Manogue
Title of person other than owner Vice President
Address of person signing 350 Community Drive
Manhasset, New York 11030

Signature



Date

July 5, 1995

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: ☒ Application of: Richard J. Bucala, Robert A. Mitchell, Jurgen Bernhagen,
Thierry Calandra, Anthony Cerami
☐ Patent of:

☒ Serial No.: 08/462,350

Group Art Unit: To Be Assigned

☐ Patent No.:

☒ Filed: June 5, 1995

Examiner: To Be Assigned

☐ Issued:

For: INHIBITION OF MIGRATION
INHIBITORY FACTOR IN THE
TREATMENT OF DISEASES
INVOLVING CYTOKINE-MEDIATED
CYTOTOXICITY

Attorney Docket No.: 7815-011

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
[37 CFR 1.9(f) and 1.27(c)] - Small Business Concern

Honorable Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act in behalf of
the concern identified below:

Name of concern Cytokine Network Inc.
Address of concern 25 Virginia Lane
Thornwood, New York 10594

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the person employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern and/or there is an obligation under contract or law by the inventor(s) to convey rights to the small business concern with regard to the invention, entitled INHIBITION OF MIGRATION INHIBITORY FACTOR IN THE TREATMENT OF DISEASES INVOLVING CYTOKINE-MEDIATED CYTOTOXICITY by inventor(s) Bucala et al. described in

☐ specification filed herewith
☒ application serial no. 08/462,350, filed June 5, 1995
☐ patent no. _____ issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

FULL NAME Picower Institute for Medical Research
ADDRESS 350 Community Drive
Manhasset, New York 11030
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☒ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28 (b)]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, and patent issuing thereon, or any patent to which this verified statement is directed.

Send correspondence to: PENNIE & EDMONDS
1155 Avenue of the Americas
New York, N.Y. 10036-2711
Direct Telephone calls to:
PENNIE & EDMONDS
(212) 790-9090

Name of person signing Mr. Richard Kelsky
Title of person other than owner President, Cytokine Network, Inc.
Address of person signing 25 Virginia Lane
Thornwood, New York 10594

Signature Richard B. Kelsky Date July 10, 1995